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ABSTRACT

The lack of a firmly established pattern for managing cases in social services seems to be widespread. This creates a need for a unified and standardized procedure at the individual case level of service delivery. This manual represents a basic variation of the general case management model. It is meant to be used as a rationale and motivation for designing and fitting the case management process requirements of the model into local delivery systems. (LPB)

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CASE MANAGEMENT FOR CHILDREN'S PROTECTIVE SERVICES

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February, 1978

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PREFACE

Like the concept it describes, this manual has its origins in some earlier work on designing social service delivery and information systems. Aside from the designs that resulted, the major finding of those projects is that most cases of service delivery and referral are provided with little or no regard for method or routine.

The problem is that the delivery systems in which service staff are expected to work provide few if any guidelines or methods that can help workers and supervisors control case events and their sequence. One result is that there is no common reference for supporting and accounting for case decisions and actions. And there is little recognition given to the case processing problems and dilemmas confronting workers. In short, what passes for the management and "due processing" of cases is perfunctory at best, or highly individualized.

The lack of a firmly established pattern for managing cases in social services seems to be widespread. Consequently, a unifying idea for standardizing and toughening procedures, and for pinning down problems, at the individual case level of service delivery is needed. During the past year or so, this idea has taken shape in the form of a case management process. The Case Management for Children's Protective Services (CMCPS) manual represents a basic variation of the general case management model.

This is not what is commonly called a "how-to" manual. Rather, it is meant to be used as a rationale and motivation for designing and fitting the case management process requirements of the model into local delivery systems.

In this way, the CMCPS manual can be used as a model for an agency's own operations manual. Some diagrams and charts are included in an appendix in support of the analysis, planning and adaptation that will be required for putting the model into operation.

In addition to formalizing its language, the manual tries to explain in some detail the theoretical underpinnings and motivations of the model. Part of the reason for the detailed explanation is to shy away from exaggerated promises. The outlook is that there are no panaceas for the problems of social programs, most particularly children's protective services (CPS). Strategems like case management must be regarded in light of this realism. For this reason, also, a system-wide application of the model is described as being long term, beginning with a commitment to meeting its process requirements.

Some attention is also given to de-fusing reactions to "process" and "management." These terms are sometimes regarded with suspicion and even disdain. Expressly and indirectly the manual argues against any narrow, mechanistic application of these concepts. Instead the view is one of measuring the practicalities and merit of case management process requirements. In effect, each set of requirements

raises a basic twofold question: How can a process requirement (e.g., case evaluation, case planning, etc.) be met? If it can not be met, why not?

There is, too, an attempt to justify the model as a common denominator between CPS workers and their so-called system environment. The tendency is to blame error, inefficiency and ineffectiveness on one or the other, when in fact both share in these outcomes. In describing case management and its application, the manual tries to take both sides into account. In this regard, there is also some emphasis given over to weighing the popularized concepts of efficiency and effectiveness in terms of the special characteristics of social services.

While the author must bear responsibility for unintended omissions and commissions, there are several people who must share in whatever merit the manual might have. In that the manual is essentially an outgrowth of work on a general concept, this notion is even truer to form.

It is easy to single out those to whom this manual owes most: First, the program knowledge and acumen of Gerald Gouge, RISWR Senior Associate, have been indispensable. For their contributions to the central ideas of case management, appreciation goes to RISWR Staff Associates, Bill Sparrowhawk and Grady Cornish.

Daniel G. Boserup

CASE MANAGEMENT FOR CHILDREN'S
PROTECTIVE SERVICES (CMCPS)

Introduction to the Manual

This manual is an extention of a previous case management design. In 1974 RISWR originated a case management process model for social services. This general model was developed for the Division of Social Services (now the Division of Family and Children Services--DFCS), Georgia Department of Human Resources. During 1975 the original conception went through a series of developmental steps involving a number of "early implementation" counties. Conceived in the first place as a means for stabilizing local agencies so that they could take on the reporting requirements imposed by a Social Services Information System (SSIS), the model assumed an identity and merit of its own. In particular, case management came to be viewed as a means for substituting a top-down approach with one that relies on local staff initiatives. The rationale is that in this way procedures and decisions can be standardized by "realistically" taking stock of what seems to work as opposed to what does not.

The language and general conception of case management are now a part of DFCS policy manuals, and it characterizes the State's Title XX plan for social services. Division commitment to the orientation of central office staff and to statewide training of local agency staff is under review.

The three-volume set that describes the general model has been widely distributed, with the result that its approach is no longer novel.* Still, the model retains a significance and realism of approach that will be useful in rationalizing methods for managing cases in accordance with program standards.

In keeping with case management design criteria, the model has been adapted to Employability Services (ES) in the Georgia system. These services are incorporated into the Title XX plan (as of FY 1977) and are deployed across the State by the local Separate Administration Unit (SAU) staff of the Work Incentive (WIN) Program. Implementation and training are proceeding on a demonstration/pilot transfer basis.

Designated State WIN Training Officers have teamed up with local SAU staff to adapt and implement the requirements of the case management process in a multi-county area. In counties where WIN ES/SAU are active, the ES case management process is followed. The forms, guidelines and procedures generated by this pilot effort are currently being transferred to other local agencies, where there is a demand for SAU employability services.**

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*Case Management for Social Service Delivery Systems (3 Volumes), RISWR, 1976.

**A manual describing the application of the case management process to employability services is available from the Institute at nominal cost: Case Management for Employability Services, RISWR, 1978.

The CMCPS manual represents another application of the model to a specific program. Consequently, some requirements have been modified to reflect the programmatic and related concerns of children's protective services. The design criteria of the original model (e.g., the specifications of process requirements and their connections) are retained, along with the purpose of providing local agency staff a way for coping with the everyday demands and dilemmas of managing cases.

The manual is made up of three chapters and an appendix. Chapter I describes the background and purpose of the concept and its design criteria. CMCPS concepts and process requirements are explained in Chapter II. Requirements for implementing a case management process in a protective services environment are discussed in Chapter III. The CMCPS process is outlined and diagramed in Appendices A and B. This is the "workbook" section of the manual. The outline and diagrams are meant to be used as basic references for the development of routines, decision rules and procedures that are necessary for meeting CMCPS model objectives.

The CMCPS process rationale and requirements are not detailed because to make them detailed would be pointless. Each state and local organization is different and, therefore, will need to modify the model to suit its own circumstances and preferences. In practice, this means that while the outline and diagrams depict the requirements that

are basic to CMCPS design and implementation, they must be altered to fit prevailing laws, policies and practices.

Given this view, by intention and because first efforts are almost always inadequate, the concepts and specifications in this manual must be regarded as a beginning. In the full meaning of the term "model," CMCPS is an example which can only be approximated and worked on.

The manual can be useful in any number of ways. For instance, it can serve as a guide for individual CPS workers, or it can provide a basis for rationalizing the procedures, task assignments and decision rules of units and teams. At any level, it can be used to document process problems that need to be addressed on a case-by-case basis or at higher levels.

Of course, its most widespread and telling effect would be as a starting point for designing a CPS case management system for an entire jurisdiction. ideally a State. As described in Chapter III, Implementation Requirements, this "systems" approach would entail a period of time during which the CMCPS model is adapted to State and local conditions.

One further note on the use of the CMCPS manual: In addition to being a basic reference for analysis and subsequent case management training, it can also function as a format for organizing special topics on child abuse and neglect detection, diagnosis, treatment and other technical

knowledge. This approach has been followed by the Institute in its development of a training curriculum for children's protective services.*

*Training for Children's Protective Services: A Case Management Based Curriculum, RISWR, 1977.

Chapter I

BACKGROUND AND PURPOSE OF CASE MANAGEMENT FOR CHILDREN'S PROTECTIVE SERVICES (CMCPS)

There are many concepts of case management. Most deal with special aspects of case coordination, client tracking, monitoring and a variety of other mechanistic approaches to service provision and integration. Sometimes, case management may even refer to centralized, computer supported management information systems. By contrast, the RISWR model is limited to the processes that apply at the individual case level of service delivery systems. This means that the model gives emphasis to the case-implicated decisions, procedures and problems which service workers face daily. Notwithstanding this design emphasis, case management does not insinuate new case level requirements and practices. Rather, the idea is to pull together existing case management practices into a logical, interdependent process.

In effect, the RISWR version of case management makes a statement about delivery systems and their limitations, and about how the work of so-called service delivery can be organized. By design it disputes the strict functionalist view of rigorous system integration. Service organizations can be made no more or less rational than any other kinds of organizations built on political and bureaucratic interests.

Also by design, the case management process recognizes that at the real-world level there are many ways for getting things done. The model simply indicates the parts of a service process that can be routinized, as distinguished from those that remain judgmental.

There are several reasons for taking this approach. First, service workers are part of a system that undergoes a seemingly endless series of reforms and reorganization. Much as they are needed, and even if they do take effect, dramatic changes are not likely to last, and less simplify the work of service provision and management. For the typical service worker this means that the many dilemmas that must be coped with daily will remain as complicated as ever.

Second, studies of general and specific service programs show that the lack of a rigorous and relevant decision-making and case handling process is often a root cause for ineffectiveness, case error and poor system performance in general. As a corollary to this observation, a program that lacks a process for case disposition that is uniform and predictable is one that is not accountable. It lacks, moreover, a basis for defining work tasks and responsibilities, and for setting standards for supervision. Under such circumstances, there is no way for responding to the expectation that the work and duties of an organization are carried out uniformly and effectively. Moreover, without

fully rationalized processes, program monitoring, evaluation and the development of information systems are baseless.

Given this set of circumstances, RISWR embarked in late 1974 on a project to compile a case disposition and management system. As explained at the outset, CMCPS derives from the Case Management Model that resulted. Consequently, these models share the same philosophies and concepts. In part, too, they represent a reaction to top-down supra-system designs that are usually costly and far-fetched.

Both models aim at pulling together what already exists, and pinpointing that which does not. They do not involve anything radically new or untried. They also have in common a concern for going beyond theory and general application to the processes and events which occupy local staff.

The models are built on the recognition that one reason organizational and program reforms often fail is that they do not take stock of the policy implementation and operations problems faced by local staff. Line agency staff are typically hard-pressed to carry out program objectives by the predicaments of organization (e.g., unrelenting centralization/decentralization pressures, along with competition for staff, status and fiscal allocation). These problems are characteristic and must be recognized as such. Accordingly, the models' point of view is that part of credibility lies in recognizing that these problems persist in spite of remedies and reforms, grandiose or not.

Also underlying the models' basic design is the view that effective organization design does not consist simply of clarifying lines of authority and establishing orderly divisions of work and responsibility. While the aim of the model is to provide a rationalized framework for routinizing procedures and decisions, there is at the same time the caution that other factors (e.g., professional knowledge) are also critical. There is, too, an intent to be mindful that a successful case management process cannot be achieved with by-the-numbers rigidity and insensitivity.

As explained in Volume I of the Case Management Model (RISWR, 1977), "case management results from lessons learned from those it is intended to help most--the front line service worker...its basic formulations are derived from experience, particularly those instances of social service processing which strive for a systematic approach to dealing with the many dilemmas of service delivery and management."

On this score, the primary motivation of case management is that service provision, treatment, diagnosis, etc. do not, or should not, take place independent of process. At the operating level of a service delivery system (i.e., the level of direct contact between clients and those who man and operate the so-called local "delivery system"), this means that decision-making and procedural guidelines have been rationalized and are in place. It also means that for workers the routine work of the system has been distinguished

from the judgmental so that due process can be accorded to every case. Clearly, given the findings of the many studies of child welfare, and protective services in particular, this is normally not the case.*

The Need for CMCPS: Aside from laboring under problems of inadequate budgets, insufficient staff, outdated or ever-changing policy directives, and an inadequate knowledge base, most local agency staff operate in the absence of defined decision rules, case evaluation and planning routines, uniform recordkeeping guides, etc. To some extent, these conditions are determined by factors that afflict all public programs:

- Some system deficiencies are inherent (e.g. stress resulting from centralized or decentralized program administration and service provision);
- Program policy, rules and regulations result from compromise and are, therefore, imperfect and unstable;
- Problems of not enough money to fully man systems or to provide sufficient initial and in-service training are standard;
- Professional and bureaucratic self-interests are unrelenting; and
- Evaluation design and implementation are difficult, and the results of program evaluation are typically overshadowed by political and hierarchical factors.

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*Among the chief problems are case disposition and case handling failures that are attributable to a lack of rationalized processes. See, for example: Clara L. Johnson, Ph.D. Two Community Protective Service Systems: Nature and Effectiveness of Service Intervention (RISWR, 1977).

The last point needs to be amplified: Social services are sometimes described as "people changing" services. Yet the extent to which social services are in fact responsible for changing a client's behavior or condition is difficult if not impossible to determine. Given that many other forces (positive and negative) beyond agency control or influence are likely to be at work, the extent to which social services can be held accountable also figures into the impact/accountability problem. The conception that results is one in which the relationship between services and client outcomes is probabilistic, rather than deterministic.* This condition is especially unique to children's protective services and puts emphasis on the problematic (sometimes even random) nature of case decisions, actions, and both case and program evaluation.

Again, these problems and dilemmas are common to all social service systems and as such are taken into account by case management. The need for case management in children's protective services is underscored by a number of other factors. In brief, from an operations standpoint the factors that seem to be most problematic in children's protective services are:

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*This distinction is made and applied by Leonard S. Miller and Robert Pruger, "The Division of Labor in a Perfect People--Changing Agency," Administration in Social Work, Vol. I (2), Summer 1977, pp. 171-185.

- Timeliness of response to reports and/or requests;
- Provision of appropriate service;
- Elapsed time between case investigation and action, and between diagnosis and treatment;
- Documentation of outcomes;
- Community involvement and values;
- Utilization of community based expertise;
- Communication and case coordination with collateral systems (e.g., courts, law enforcement, hospitals, schools).

Issues concerning the appropriateness of placement and treatment, along with problems regarding case decision-making and referral, are probably best understood as being common to all systems. However, along with other operations problems, they are of special concern in protective services, moreso because of the trends and societal forces now at work. Basic attitudes and legal formulations about the rights of children, and the standing of those who care for children out-of-home are in flux. Familiar institutions are under stress, and the rationales of institutional and foster care concepts are being rethought. Withal, the prevention, detection and treatment of child abuse/neglect are now causes that attract widespread public attention and support on the front pages, and in legislatures, courts and the professions. In sum, the advent of child abuse/neglect as a national problem means that the protection of children is no longer a simple process, if it ever was. All of these

factors are to be reckoned with by protective services and by the communities they serve.

Basically, at issue is the extent to which protective service programs can become stable, community-based systems that can interact with other programs and systems in behalf of families, while also sustaining a child protection mission. However, cases of child abuse and neglect are usually complex and sometimes involve sensitive legal and social issues. For this reason and because there is uncertainty about when, how and where to use available knowledge and techniques, the effectiveness and legitimacy of children's protective services are often undermined. The case management model takes aim at these issues in two ways:

1. In the first place the practical limits of organizational effectiveness are recognized. The CMCPS model does not purport to be a fail-safe design. The model is designed to take into account the many complications that confront local organizations, particularly front-line staff. It specifies a number of processing requirements that can be met in various ways, depending on agency policies and preference. In this way, the CMCPS approach capitalizes on the pervasive motive of organizations to "invent their own wheel," providing that basic requirements are established and uniformly met.

   Application of the model is in itself a process in which (a) the basic design is adapted to state/local laws, policies, and related conditions, (b) case processing requirements are established and met over time and/or (c) unmet requirements are pinpointed.

2. The general Case Management Model specifies seven basic requirements, logically interconnected in the form of a general design that workers (and supervisors) can use on a case-by-case basis. Due to program differences these seven requirements are collapsed into five (5) in CMCPS.

In concert with the general model, these five CMCPS requirements are intended to give workers (and other case participants, including supervisors) a conceptual framework for organizing their workload and for:

- Connecting case problems with proper service and treatment resources, recognizing that other agencies/systems may serve the same client, maybe even better and more efficiently;
- Adopting a goal-setting, time limited approach to case evaluation, planning and actions;
- Recognizing the limits of service availability and expertise;
- Locating and using other, alternative professional services;
- Assuring community involvement and service access;
- Identifying, communicating and integrating decision-making with other case participants;
- Assuring case responsibility and related assignments;
- Organizing the work and responsibility for (a) investigation/intervention and (b) treatment/service and case handling;
- Promoting oversight and follow-through on "cases."

A final comment: whether case management is needed, including the extent of its usefulness, depends on who you are talking to. Typically, on the one hand it is claimed that a comparable process is already in place, or it isn't really necessary. But another point of view gives quite a different account. Someone's plans, processes, cases, etc. keep getting mixed up with someone else's. Policies are administered by different people in different programs, and

under a variety of professional and bureaucratic circumstances. The same goes for services. The idea of case management is to reduce the disruption that these kinds of differences can cause by establishing and meeting process requirements that are both instrumental and realistic.

CMCPS Objectives: The overriding purpose of CMCPS is to help local agency staff (i.e., workers and supervisors) manage protective service cases. The theoretical underpinning of this purpose is that in order to manage CPS agency responsibilities and actions, procedures and decisions that are routine and have to do with due process should be uniform and replicable. This translates into the proposition that no matter who is responsible for a case, its management will follow a common path.

At the same time, CMCPS gives emphasis to the internal and external conditions that effect the management of CPS cases (e.g., staff morale and motivation, staff size and stability, agency and program boundaries, to name just a few). For one thing, these conditions determine the extent to which case management can stay within the bounds of efficiency and effectiveness.

While the model's point of view is that of local protective service agencies, invariably in one combination or another a number of individuals, organizations, and professions are involved. Consequently, the management of protective services cases is complicated by lines of authority,

expertise and functions that are sometimes zealously guarded, sometimes blurred. Problems concerning treatment, diagnosis and the proper placement of children at risk, along with issues resulting from differing community values, are also well-known and are often attributable to process complications.

In this complex service setting, the case management process aims at the following objectives:

1. The CMCPS Concept at the Individual Case Level: Provide a core concept for developing, communicating and applying uniform procedures, system values and decision-making rules at the individual case level so that:

   - Decision points and factors can be located and defined in terms of worker/agency responsibility, authority and process implications;
   - Case workers will have a basis for setting case priorities and time allocations;
   - Errors in case processing/disposition can be identified, accounted for, and/or remedied; and
   - Task assignments and job responsibilities can be rationalized as a means for defining roles (so that, for example, specialized intake and investigation/intervention functions can be classified and assigned, in contrast to the more process-oriented, long-term functions of treatment, service provision, etc.).

2. CMCPS Process Requirements and the Delivery System: Provide a set of case level process requirements for identifying organizational and functional connections that comprise protective services systems in order to:

   - Define and systematize formal (protocol) relationships among all case participants (including law enforcement agencies, courts, hospitals, schools, private physicians, etc.) and reduce functional discrepancies;

- Determine what organizational problems, process "bottlenecks" and other dilemmas affect the management of cases;

- Utilize community and other collateral resources more routinely and effectively; and

- Take into account standard operating procedures (SOP's) that are usually motivated by professional differences, administrative preferences, and other potential discrepancies which might inhibit intra- and inter-agency case coordinaton.

3. Training and Technical Assistance: Establish an operational, process-oriented basis for:

   - Defining protective services skill and knowledge requirements;

   - Determining training curriculum needs; and

   - Organizing training and technical assistance (T/TA) content and activity.

From the point of view of individual CPS workers, this obligatory statement of objectives can be reduced to the proposition that case management is the means for knowing where they are in relation to their "system" and to cases in the system, and for coping with the many possible barriers to case evaluation, planning, etc.

To be sure, these objectives do not address some of the other issues and needs that are at the center of the growing concern for the direction and results of children's protective services. As intended, they deal chiefly with process and organizational objectives. It should be recognized, however, that even though CMCPS objectives deal most directly with the process requirements of a system, they implicate many other organizational/performance factors, including

issues of definition (broad, including psychoanalytic rationales vs. narrow, legalistic definitions of abuse and neglect); program priority (prevention/early intervention vs. after-the-fact diagnosis and treatment); resource allocation (staff "caseload" ratios); program evaluation (process vs. outcome) and so on. The point is to guard against the single factor fallacy by giving emphasis to the interdependency of case management processes with the many other factors involved in CPS.

Chapter II

CASE MANAGEMENT FOR CHILDREN'S PROTECTIVE SERVICES: CONCEPT AND PROCESS REQUIREMENTS

The case management process is a relatively low level of abstraction. In its narrowest sense, it is simply a conception of what public programs are bound to do by statute, administrative direction and community values. As applied to children's protective services, it represents one of three front-line agency factors that organize CPS staff work and influence (if not determine) what happens to "cases" (i.e., children, their families and other case participants).

These factors include:

- Process (decisions, procedures, activities);
- Knowledge (i.e., about child abuse and neglect);
- Administrative (policies, regulations, directives).

Except as abstractions, these factors do not stand alone. In operation they are necessarily interrelated, particularly at the individual case level. At this level, the CMCPS model deals with the case decisions, procedures and other requirements that a worker must meet. It also emphasizes the case management environment (typically one of uncertainty and dilemma) in which most CPS workers must function. In particular, it relates the management of cases to other community, agency and professional participants. The view,

simply, is from the vantage point of frontline staff, rather than from the top.

In short, CMCPS concentrates on process factors that operate at the individual case level for three main reasons:

1. Public programs like CPS are obliged to operate uniformly and with due process. Given the many conflicts associated with investigation, intervention and other case actions, CPS workers are especially hard-pressed to conform to system expectations.

2. Identifying and meeting process requirements are necessary for establishing a rationalized and legitimatized basis for making case judgments and for applying child abuse/neglect expertise. As a corollary to this main premise, fully rationalized processes are essential for training new staff and for supervision.

3. Case procedures, decision rules and other matters of process that can be made uniform are usually taken for granted, and their problems ignored. In fact, CPS staff (and all front-line workers, for that matter) must frequently function under conditions of uncertain and competing objectives.

Main Features of CMCPS

The CMCPS model is intended to provide a means for rationalizing and putting into operation a case management function. This function accounts for a number of process requirements that must be met in order to accomplish the objectives of protective services. From another angle, process requirements represent how an agency, unit or individual can organize work and responsibility on a case-by-case basis.

Process Requirements: The concept of process requirements and the corresponding idea that these requirements are bound to be integrated and implemented in different ways are main features of the Case Management Model. As mentioned earlier, because CPS differs in a number of respects from other service programs the seven (7) requirements of the general Case Management Model have been collapsed into five (5), as follows:

- Evaluation
- Case Planning
- Service Arrangement and Provision
- Overseeing
- Recording

There is nothing sacrosanct about five process requirements, or seven for that matter. The rationale simply follows accepted notions about the logic and formalities of agency staff and client interaction.

For instance, evaluation can be readily manipulated into two or three process categories without conceptual difficulty. A most likely breakout would be to designate Intake and Evaluation as separate process requirements, with the various decisions and procedures being incorporated accordingly. Other variations on the basic theme of the process can be made, of course, depending on organizational and conceptual preferences.

Each process requirement in the CMCPS model describes the decision factors, procedures, protocols and specialized content needed to meet CMCPS objectives. There is a logical

connection presumed between each requirement so that a general step-by-step order is depicted. In addition, the requirements are defined in terms of the standards now prevailing in children's protective services, particularly including a systems view of protective services in which mandated CPS agencies represent simply one of the many organizational and conditional factors that must be taken into account. Operationally (i.e., if the model were to be fully implemented), this means that decision rules and procedures have been worked out, and that they are followed, and that staff have been trained. It also means that problems have been identified and that they are routinely taken into account on an individual case basis.

By focusing on process requirements and constraints, case management tries to relate to the practical side of managing case decisions, actions, etc., rather than focusing on abstract system functions.

In this sense, the case management model is a general design that represents a first step towards workable processes. This means that the requirements are meant to stimulate agency staff to gauge present methods and procedures against those of the model. Ideally, the result of this kind of comparison, or analysis, will take two forms:

- The "gaps" between requirements and actual practice will be closed; and/or
- Requirements that can't be met will be identified, and their causes known.

The extent to which case management process requirements can be met, and the time it takes, will of course vary from agency to agency.

Decision Factors and Decision-Making: The decisions demanded by an organization or program are indicative of the kinds of requirements and constraints that must be faced. The point often made about children's protective services is that they are characterized by the variety and complexity of special rights and interests that are latent in just about every case. In recent years, awareness and advocacy campaigns, coupled with media exposure, have brought various aspects of children's services (particularly foster care and protective services) into sharp focus. The several theoretical and operational conflicts of intervention, treatment, due process, etc. have taken on a momentum that is realigning basic CPS principles. There are now, for instance, pressures to reduce intercession and coercive separation (i.e., relying on foster care and the courts as actions of last resort), and to expand the range of CPS options.

In addition to the social and legal pressures that affect the urgency and timeliness of making the right decision, there are numerous inter-agency conflicts to be taken into account. Moreover, there are organizational demands for efficiency and effectiveness that must be weighed (e.g., how much time to spend on a case, what kinds of cases should have priority, and so on). Then, too, demands for professional

accountability signal a keenness for standards that will set bounds to decision-making.

The case management process locates a number of decision points based on these concerns, along with some of the cross currents that affect them. As identified in the diagrams in Appendix B, there are at least 16 main decision points. Other readings of the process may breakout more decision points or, perhaps, fewer. In itself the enumeration is not important. What is important and motivating is to sort out the process so that decision roles, responsibilities and implications can be assessed. Aside from an overall process design purpose, this approach is essential in establishing a basis for supervision and staff training.

Decisions are supposed to be based on facts. The facts, however, are elusive and so making the right decision in CPS is often a relative matter. A decision is a judgment, ideally informed and calculated. But invariably, values are insinuated or the "facts" are unclear or unsettled for lack of time, information or some other reason. Obviously, if the rules for making decisions and role assignments can be established, and if guidelines can be developed to help in making decisions, then the chances for making right decisions are improved. Answers to a number of process questions can be more legitimately attempted, for example: When is a decision necessary? Who should make a decision and who

should be involved? What are the standards for reviewing decisions?

Case management process requirements provide a context for these issues, identifying what is to be decided. In this way, even though some conflicts may resist solution, at least what they are and when they occur in the process is known.

Decision-makers: While not explicitly a part of the CMCPS model, the identity and role of workers making CPS case decisions is important. By meeting its requirements through design and training, CMCPS can have what might be a pivotal effect on the definition and distribution of decision-making roles.

Especially in those agencies/units troubled by organizational size and work volume, the case management process can be used to distinguish between two sets or types of operations:

a. Field Investigation-Crisis Intervention: Except in extreme cases, one of the most pressing dilemmas of CPS is to determine when and how to respond to reports. Timing is critical, and so is the ability to deal with nuances that only experience can give. On the one hand the point is that specialized knowledge and ability are called for, and on the other that distinct and even separate types of decisions and activities are required.

   The identification and proving of specialized operations invariably raises the possibility of organizing and staffing to improve the efficiency and effectiveness of operations. Establishing field investigation and crisis intervention as a specialized enterprise can also serve to separate the more critical and sensitive aspects of protective services from what is typically regarded as

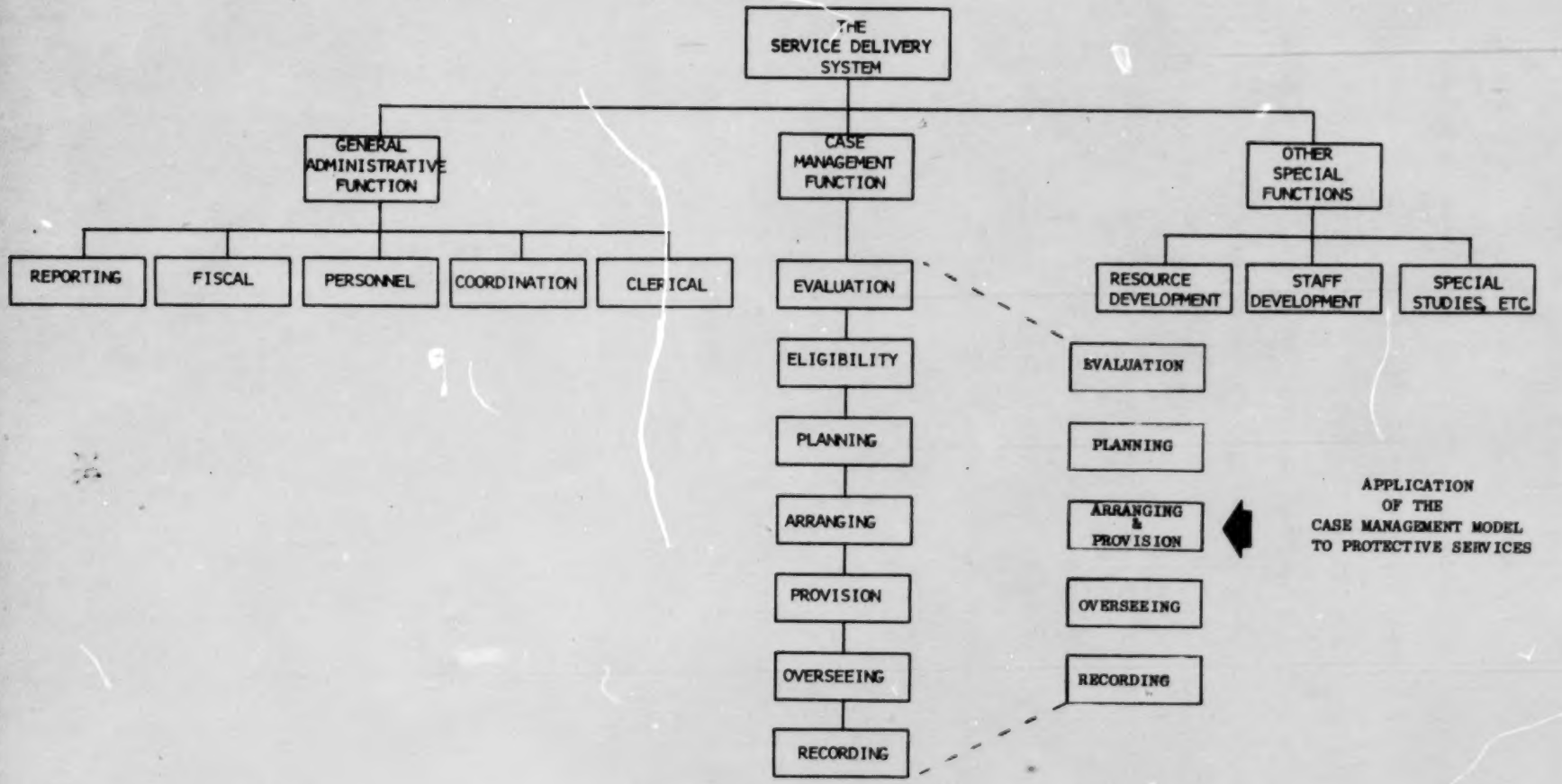
routine, case-handling activities. In other words, a field investigation-crisis intervention phase can be introduced into the case management process, mainly for reasons of specialization, and because the problems being dealt with during initial contacts are qualitatively different. Process requirements ranging from initial response up to and including the case action decision point could be assigned to appropriately specialized staff.

b. Case-handling: In case management terms, once a case disposition has been made and initial investigation(s), data collection and, perhaps, intervention and other decision/actions characterized as "dispositional" have been completed, case handling commences. A case diagnosis-treatment cycle, plus case planning, service provision and monitoring are broadly characteristic of this phase of the process.

The essential point is that this case handling phase involves decisions and actions which are distinguishable from the field investigation-crisis intervention phase. Critical factors like time and staff capabilities are markedly different. Case work and in-depth evaluation are characteristic.

The exact demarcation between the two phases will have to be given more critical examination than has been offered here. What is established is a speculation about how the case management process can be organized and manned. Moreover, in its conceptualization as a series of process requirements, the process model represents the necessary first step in identifying the different types of decisions, and tasks that fit each of the specialized categories of work.

Interdependency of Case Management and Other Delivery System Functions: Insofar as CMCPS describes the level of agency and program operations where clients and those who man the system interact directly, process requirements account conceptually for one sector of the total service delivery system (the diagram on the following page depicts



SERVICE DELIVERY SYSTEM MODEL

this arrangement).* In operational terms, each process requirement (i.e., decisions, procedures, interface requirements) interacts with other delivery system functions. Accordingly, the provision of "protective services" interacts with other service delivery system/agency functions.

In this highly simplified conception, the CPS need for community support is interdependent with general resource assessment and development activities; the case management function of recording interacts with the general administrative function of reporting; etc. Depending on the manner in which an agency's functions are centralized or decentralized, program and/or administrative supervision may figure into the process in much the same way.

Case Management Requirements and Organization: In keeping with the general model, its process requirements are independent of organizational size and complexity. This means that they can be met by a variety of organizational and staffing styles, including individual workers and teams. In terms of organizational scale, the smaller the agency the more likely case management will be an individual worker responsibility. Conversely, larger organizations may tend towards the specialization of some of the process requirements.

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*Conceptually, this model of system functions accounts for the organizational/performance factors, namely the process, knowledge and administrative factors that have been delineated (above p. 19).

Whatever the organizational or system context may be, the operational emphasis of the process is that each requirement must be met by someone. That is ideally, no matter how many systems, agencies or individuals may be involved in helping a family or protecting a child, accountability can be determined and case participants are mutually known.

Obviously, a variety of circumstances will dictate (a) how and to what extent each requirement can be met and (b) the scope and significance of the accountability that might be involved on an agency or individual basis.

Community: Protective services is necessarily a community obligation and function. It is commonly discovered, however, that community resources--including private and other collateral helping agencies, and diagnostic and treatment professionals--are frequently by-passed. From the point of intake through case planning and service provision, CMCPS process requirements oblige CPS workers to involve, and in fact, rely on the community and its resources.

From a different standpoint, a community may also signify prevailing values that influence reporting, investigation, intervention and other case actions. Whether perceived as obstacles or reinforcements of CPS processes and objectives, community values must be taken into account. As such, the community represents a basic intervening factor of CPS systems.

Caseload Control and Management: Along with other environmental factors, the community-agency relationships suggest another CMCPS feature.

By reinforcing screening at intake and by pointing decision-making in the direction of community and other professional resources (i.e., as decision participants and service providers), the case management process can be used to combat the impulse to accommodate all service applicants and to build "caseloads." Authoritative actions (i.e., decisions that invoke formal and/or legal agency authority), time-controlled planning and decision-making priorities are part of the case management process requirements. If these requirements can be met and, for example, if the services of other agencies and individuals can be fully known and used, then caseloads can be reduced (at least theoretically).

Process Requirements Outline and Diagrams

Detailed process outlines and diagrams are presented in Appendices A and B. They are strictly hypothetical and have been deduced from a variety of sources.* They are designed, first of all, to represent a model statement of a children's protective services process in schematic form.

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*Aside from the general Case Management Model and its references, chief among these sources are the many delivery system designs that have been attempted and, in some cases, implemented (mostly under demonstration conditions) in recent years.

The model does not include the how-to and skill content that are basic to protective services. The same goes for the diagrams. For instance, the Evaluation Process indicates a requirement for the development and adoption of intake and case disposition indicators, but does not provide them. Procedures for interface with the Juvenile/Family court system are required, but not explained. In this sense, the intended effect of the diagrams is to reinforce the model's emphasis: It is the responsibility of the implementing agency (state or local) to develop indicators of abuse/neglect, to evolve decision rules and to meet other case management process requirements.

The main idea is for an agency to use the outline and the diagrams as a basis for developing its own statement of process requirements and constraints.

On the way to this result at least two things are likely to take place:

1. The issues raised by the outline are not detailed enough and, therefore, detail must be added.

2. Because information and/or policy direction is lacking or because agreement is not possible on some issues, some requirements cannot be met for the present, or must remain ambivalent.

The point is that the adaptation of the model to local/community conditions and the development of a training capability--and training itself--are not "one-shot" strategems. A commitment to the concept of a case management process followed by the application of the requirements outlined and diagramed in the Appendix are in themselves first steps in a process.

Chapter III

IMPLEMENTATION REQUIREMENTS

Some Issues and Implications

As a model, the case management process represents what ought to be. That is, the five process requirements, along with their decision rules and the logic that connects them, are to be taken literally. In this prescriptive sense, the Case Management Model represents (a) a set of process standards against which current practices and procedures (or the lack thereof) can be measured and (b) an ideal which can at best be approximated.

From an implementation standpoint, this conception holds special meaning. For one thing, the extent to which the case management process is to be "approximated" in CPS will influence if not dictate the kind of implementation plan that is devised and followed. At issue is a question of whether to begin with a full-scale process modification or to proceed on a smaller, incremental scale. In view of the issues that might be involved and depending on how close (on an agency-by-agency basis) existing processes are to the model, the preferred option is an incremental approach.

The reasoning is that if CMCPS is going to succeed it is going to have to evolve within the bounds of its requirements.

As mentioned at the outset, it cannot be imposed and it cannot become wholly effective "over night." It must be adapted to suit local agency characteristics, in addition to its basic adaptation to State laws and policies.

Another main feature of case management is that it is applicable to what is described as the "individual case level" of a service delivery system, and that this level of application is independent of such factors as the size, complexity or style of an organization. This does not mean, of course, that these factors are without impact in the design and implementation of a case management process. What is meant is that the process requirements are constant and case-focused, while the means and conditions for meeting requirements may vary.

For instance, the process requirements for case evaluation planning, etc., can be met by an individual, a specialized unit, or a team; they can be met by a single agency or across jurisdictional and program boundaries; and they can be met by a variety of techniques and service delivery designs.

In theory, then, any single social service agency or protective services unit or individual is capable of meeting case management process requirements. And consistent with theory, the fullest operation of case management can only occur when its requirements are met by all the individuals, organizations and systems that come to bear on individual

cases. There are, of course, some practical limitations that work against the system-wide adoption of a case management process. Except for the possibility of a general and imprecise endorsement, a case management process is not likely at first to reach across divisional boundaries, not even at the so-called human resources level. In short, familiar realities recommend that any plan for making a case management process part of service delivery be initiated at the departmental or divisional level of social services administration.

There is no pretense that the adaptation and implementation of a case management process is easy or that it will be welcomed by all concerned, even within the divisional or departmental bounds of social services. One major and perhaps prevailing reaction to be expected can be traced to the people who make up the system for which a case management process is being designed. This may seem to be self-evident, but in their applied form, systems concepts sometimes ignore the fact that a "system" of sorts already exists and that it has a constituency.

Understandably, the ceaseless turnover in ideas and staff may prompt hesitancy by staff to accept a case management process. Too, status quo interests can be expected to resist innovation, even when it is not "new." For these reasons, and also because Title XX eligibility and reporting requirements have exercised such a profound federal compliance

influence, case management cannot be imposed or taken for granted. Rather, its implementation must itself be a gradual, interactive process, depending finally on agreement about its value and a commitment to its methods.

The translation of this "gradual, interactive process" from rhetoric into something more concrete is a difficult but necessary step. There is probably no right way to implement, much less teach, case management. Each implementing agency must cope with its own circumstances and needs. At the same time, however, there are some concerns that will be common to all implementation plans.

Invariably, implementation is partly a problem of magnitude, partly a problem of timing and scheduling and partly a problem of commitment. An ability for altering course and for reinforcing existing practices and connections that are consistent with CMCPS requirements must also be taken into account. Given these conditions, there are a number of criteria that can help in dealing with implementation problems.

An Implementation Process: Some Criteria and Requirements

There are, of course, any number of implementation options, depending on how the issues of implementation are settled. The assumptions at the root of these implementation criteria include:

- The CMCPS idea is originated and endorsed at the State level of social services administration, with the result that case management is mandated for all CPS cases.*
- Decisions regarding the operational design of CMCPS and the plan for implementation are made jointly by central and local agencies.
- Implementation training and technical assistance are provided on a continuing basis, including initial training and follow-up training.
- Rather than being imposed as part of a reporting or compliance mandate, CMCPS is deployed on its own merit.
- Existing local agency/unit practices and procedures that are consistent with CMCPS process requirements are retained.

Essentially, the CMCPS implementation criteria follow the path of what can be called regular model development. This path normally begins with a "bare-bones" idea, which is expanded and refined into a detailed conceptual statement or model. The order of detail should be such that the relationship between the model and the "real world" is apparent.

The CMCPS model described in this manual represents the result of this first step. The rest of process is up to the implementing agency. Beginning with the model, there are four additional requirements or steps, as suggested in the following diagram.

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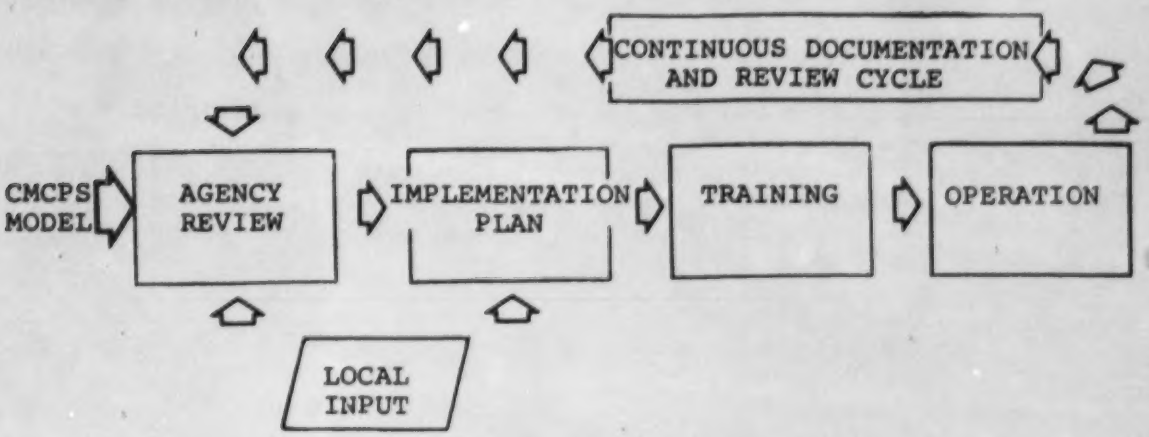
*As explained in the general case management model, ideally the process would apply to all cases in a social services system.

IMPLEMENTATION PROCESS DIAGRAM



Agency Review: This step follows agency endorsement of CMCPS. Its principal aim is to produce an operations manual, one that can be used for training, and as a workbook and process guide for CPS staff. Several requirements are involved:

- Adapting Case Management to State/Local Conditions: It will be necessary to tailor the CMCPS process to fit state laws, legal definitions, agency policies, and local practices. This means that each requirement must embody the legal, technical and other factors that condition what can or cannot be done on a case-by-case basis.

- Analysis: At this stage of application, the model can be used as a basis for documentation and comparison. That is, the CMCPS process requirements can be used to analyze existing protective services procedures and practices.

  This sort of process analysis can pinpoint procedural gaps, bottlenecks and other kinds of problems. In effect, the model poses a number of questions bearing on its relevancy and feasibility. For instance: Have intake procedures been established? Are they uniform? Do procedures allow for distinguishing between types of intake decisions? Are case participants identifiable? Have case disposition rules been established? Are diagnostic specialists deferred to as needed?

In posing these kinds of questions, the model also raises issues of--if not, why not? What are the constraints against case coordination across agency lines? What accounts for apparent contradictions in policy? If the staff of other agencies fail to cooperate, why? Can anything be done about it? And so on.

- Documentation: In addition to its adaptive and analytic purposes, the review process serves as an initial statement of issues and possible dilemmas which must be dealt with during implementation training. While the most tangible result of this process will be in the form of a case management operations manual, it also establishes a routine for documentation and a common basis for review.

- Local Agency Participation: A final point of emphasis: The fullest possible participation of local staff is critical. This approach will at least tend to make both requirements and training more realistic by closing the gap between the preconceptions of central office staff and what is done and known on the job. The extent to which this involvement can in fact take place depends on practicalities that cannot be judged here.

Implementation Plan: Again, in the interests of relevance and compatibility, the development of a plan for implementation needs to be a joint central and local office responsibility. In this way the plan can come closer to reflecting the extent to which case management can be made part of service delivery.

Obviously, the plan can be expected to touch on the traditional training and implementation issues of method, scheduling, organization and scope. As to method, a number of options are open, including a train-the-trainers approach, with variations based mainly on the number of implementation sites and trainees involved.

Training: Once an operations manual has been developed, the preparations for training and training itself become pivotal next steps. However, there is not much point in elaborating on this step, particularly since a variety of logistical issues that cannot be grasped here are involved.* But emphasis must be given to a point that may or may not be obvious: There is a close, if not a determining, correlation between the successful implementation of a case management process (and any other topic, for that matter) and the extent to which training can become part of a continuous cycle, as suggested in the diagram (above).

Operation: In keeping with the diagram, the steps going before this one have shaped the case management process. On whatever level of implementation--demonstration, pilot area or statewide--this step signals the culmination of initial training. But it is also a beginning: Ideally, the cycle of review-planning-training-operation will be repeated in order to update and maintain the case management process.

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*Some suggestions on training are outlined in previously cited Institute publications: The Case Management Model: Trainer's Guide (Volume III), RISWR, 1977. And: Training for Children's Protective Services: A Case Management Based Curriculum, RISWR, 1977.

APPENDICES

A. Case Management for Children's Protective Services: Process Outline

B. Case Management for Children's Protective Services: Process Diagrams

These appendices have been described as the "workbook" section of the CMCPS manual. Some of their suggested applications and limitations have already been explained at the end of Chapter II.

They depict case management process requirements in outline and schematic form. Once they are modified to incorporate actual conditions, they can be used as part of an operations manual (or process guide) for workers, and as training aids.

From the standpoint of process design and implementation, the diagrams will be especially useful in bringing administrative, training and service workers together on what is really going on, and what the problems are, in local CPS. One material result of this collaboration will be to reduce the arbitrariness of the diagrams so that they can also be used to document organizational and administrative dilemmas that affect case handling and disposition.

APPENDIX A

PROCESS OUTLINE SUMMARY

I. CASE EVALUATION

- A. Intake
- B. Routine Care Determination
- C. Emergency Intervention
- D. Detailed Case Investigation

II. CASE PLANNING

III. SERVICE ARRANGEMENT AND PROVISION

IV. OVERSEEING

V. RECORDING

CMCPS PROCESS OUTLINE

I. Case Evaluation

A. Intake Procedures

1. Obtain minimum information, including identity of prospective client(s), reporter(s) or referral source. Check referral agencies for background information (in effect validate request, initial report, etc.).

2. Intake Decision. Determine intake objective:

a. If the intake objective is to respond to a request by an individual/family for emergency service, provide the necessary assistance in accordance with policies.

b. If the intake objective is to respond to a report or referral, locate and contact the family as soon as possible, and in accordance with agency guidelines. Proceed to next step with or without contact.

3. Initial Screening: Conditional Case Opening Decision. Determine if a case should be opened:

a. No Case: Services other than protection may be in order. There is no need to open a case if initial observation and available information (i.e., check files for existing/previous record) do not indicate abuse, neglect, or other cause for intervention. Under these conditions, information and/or referral services can be provided, in accordance with policy.

b. Open Case: In the event that initial contacts and inquiries point to indications of abuse, neglect or any other basis for intervention (e.g., investigation of a complaint within 24 hours, or as required by law), a case is opened. This constitutes a conditional opening of a case, pending further investigation.

4. Initial Case Status Decision. Determine if an emergency or crisis exists (i.e., timing is critical; welfare of child is in immediate jeopardy):

   a. In non-crisis situations, carry out Routine Case Determination Procedures (I/B).

   b. In the event a crisis situation (i.e., service needs are immediate; child is in jeopardy) is confirmed, intervene immediately by means of contact with the family, and carry out Emergency Intervention Procedures (I/C).

NOTE: Recording is a major case management requirement. It touches on each of the other case management requirements, beginning at Intake and continuing for the duration of the process. It is outlined in Process Requirement V.

During intake, the extent of recording will vary according to the intake objective and related factors. One additional consideration must be taken into account: Since court proceedings are always possible, from the beginning of intake records must be kept in line with the prevailing rules of evidence.

B. Routine Case Determination Procedures

1. Family Contact. Continue contact with the family, as appropriate. Make home visit and determine if family is going to be cooperative or combative. Share details of the report/allegations with parents/alleged perpetrators.

2. Case Information Contacts. Make contact with referral and/or reporting source(s):

   a. Assess motives of reporter(s);

   b. Assess resource potential of reporter(s);

   c. Provide feedback to reporter and/or referral agency.

3. Record Check. Check agency records (i.e., hot line, central registry data, school records). Note privacy and confidentiality constraints.

4. Review Case Decision. Review original case opening decision. Determine need for case involvement and/or case management responsibilities. Determine jurisdiction. Consult decision resources. There are two main possibilities:

   a. A referral to another agency with no further case management;

   b. A continuation of the case management process, beginning with a detailed case investigation.

5. Recording and Case Continuation. Record potential case data; reflect case management decisions.

C. Emergency Intervention Procedures

1. Intervention. Once a crisis situation is suspected, CPS is obliged as a first step to initiate and/or (as the case may be) maintain contact with the family and continue emergency intervention measures in accordance with policies. These policies or guidelines are subject to local/community development and practice.

   The precise nature of the crisis intervention (e.g., hospitalization for treatment and/or observation) will be conditioned by a variety of intervention factors, including state laws, problem severity, local agency practices and other considerations.

2. Emergency Services/Placement. Arrange and/or provide emergency services as necessary (i.e., homemaker, medical, housing, emergency shelter, etc.).

   Emergency placements in, for example, emergency foster care can be for reasons that are either benign or volatile: Temporary placements can be made in response to a request;

or children can be removed and placed temporarily as a protective device pending a court hearing or other action.

3. Decision Resources. The intervention decision must not be made precipitously or unilaterally. Consult decision resources (i.e., other professionals, protection team colleagues, supervisors, agency attorney, client-family lawyer, etc.) as to intervention requirements.

4. Authoritative Action/Legal Intervention Decision. Determine if legal intervention for removal and/or temporary custody of the child is necessary:

   a. Involuntary Removal/Temporary Custody:

      (1) Obtain temporary court order;

      (2) Carry out court order; assume temporary custody of child and make temporary placement;

      (3) Determine if petition is needed for long-term custody/removal (if not, return child to home);

      (4) Inform parents (and child, if appropriate) of decision; advise as to legal rights and assure adequate legal representation;

      (5) Prepare for and initiate court processes in the event a petition is needed to secure long-term custody/removal;

      (6) Prepare family (parents and child) for placement; continue to work with family and child.

   NOTE: The decision to resort to what is called authoritative action (i.e., official action) has the effect of narrowing the range of activity to that which is legally sanctioned.

b. Voluntary Removal:

(1) Place child in accordance with policy;

(2) Provide for return of child to home in accordance with policy (i.e., maintain liaison with placement authority, including case reviews);

(3) Work with family as necessary.

5. Recording and Case Continuation. Continue case management: Record intervention decisions, activities.

D. Detailed Case Investigation

1. Case Orientation:

a. Conceptualize problem(s) to be investigated (i.e., in terms of initial complaint, subsequent allegations, results of previous inquiries, and--if applicable--emergency intervention circumstances). Formulate problem statement (i.e., including "facts") and investigation requirements.

b. Orient investigations in terms of possible sources, methods and uses of information. At minimum, distinguish between information that is (a) "factual" (i.e., objective, concrete and consistent with rules governing admissability of evidence); (b) subjective and inferential, including expert opinion that does not stand applicable evidence tests.

c. Identify legal, jurisdictional, community and other constraints relative to fact-finding, service prospects (e.g., eligibility) and family/child involvement; pinpoint issues about privacy protection and confidentiality of records.

d. Advise family of information needs and seek consent. Gauge and balance the need for information with the need for maintaining credibility with the family.

e. Authoritative Action/Decision. Determine basis and need for exercising authority in order to carry out the investigation (cf. C/4, above).

2. Fact-Finding

a. Gather information/evidence in accordance with problem statement (i.e., focused on the clarification of "facts" and in anticipation of possible fact-finding hearing) and as a supplement to verified report (complaint) data along with the results of initial record checks.

b. Conduct social evaluation and field investigation. Visit home and establish authority/dependency relationship as required by family reaction, mood, capacities.

c. Diagnostic Support (Decision):

(1) To the extent possible, determine the need for other professional diagnoses. Particular emphasis should be placed on beginning to determine the need for involving "outside" specialists.

(2) In the event diagnostic support is warranted, client contact with the specialist (physician, child development specialist, marriage counselor, etc.) must be arranged. In terms of case management, the decision to obtain diagnostic services can be conceived as the first step in a diagnostic-treatment cycle.

d. Prepare investigation report/statement as a prelude to planning and case action. Identify "facts" and supporting evidence, along with any factors and circumstances which may contribute to the overall problem.

3. Case Action (Decision)

a. Case Management Status:

(1) Determine case management status (i.e., continue or terminate); coor-

dinate with current and prospective case participants/decision resources, including treatment specialists, courts and foster care, as appropriate.

(2) At this juncture, the investigation may raise or confirm the need for initiating legal intervention and/or removal of the child from the home. Accordingly, case action may require petition to the courts for adjudication of the case.

Consequently, the case management process will include interaction with court processes and/or child placement processes (See Explanatory Notes, pages 9-10).

(3) Case investigations that result in court orders regarding custody and/or removal of the child for placement out-of-home will influence the extent and content of subsequent case management functions, particularly in terms of planning, service coordination and overseeing. For one thing, case communication and coordination across system and/or administrative boundaries will be likely if not necessary.

A number of situations are possible, including:

(a) Legal custody of the child in the home;

(b) Legal custody of the child in placement;

(c) Placement of the child as a result of voluntary removal.

Additionally, the length of time a child is in custody and/or placement poses another common variation.

b. Case Closure/Termination Processes. If case investigation activities (possibly including emergency intervention) have succeeded in stabilizing the home or in meeting other crisis or situational objectives, the judgment may be to close the case insofar as protective services are concerned. In this event, agency prescribed termination procedures are applied. Other services including those initiated by protective intervention, may continue, of course. Alternatively, case closure may also involve information and/or referral.

Also, from the protective service standpoint, court terminations of legal rights results in case closure. Of course an agency may continue to be involved in some other capacity.

4. Recording and Continuation of Case Management. Record relevant investigation data and case action decisions in accordance with requirements.

NOTE: The Placement Process. For purposes of this outline, Placement Procedures encompass all activities and tasks associated with removal (whether voluntary or court ordered) of the child from the home. A variety of possibilities fall within this category, ranging from 24-hour emergency shelter to a longer term out-of-home placement, including foster care.

As such, these procedures govern the relationship between protective services and foster care functions. The actual working relationship will be shaped by agency organization and staffing patterns. Sometimes one worker manages both functions; in other circumstances protective services and foster care are separately supervised and staffed.

Whatever the arrangement, from the standpoint of protective services, Placement

Procedures involve a number of requirements, including:

- Preparation of parents and child for placement.

- If foster care is a separate function, interface must be established with the responsible worker in order to determine and meet placement criteria (e.g., type of care) to establish case plan continuity and decision-making.

- As appropriate, develop and apply case review criteria in collaboration with the court and foster care.

- In collaboration with other case participants, work to establish the conditions for returning the child to own home or, alternatively (depending on the prevailing facts), advocate for legal termination.

NOTE: The Court Process. Interaction between the courts (criminal and/or juvenile family courts) and Protective Services is represented by Court Preparation Procedures. These procedures entail the activities and tasks for petitioning the courts (custody, removal, termination of rights, etc.), and for working with the Court on a given case. Activities include:

- Advising and assisting parents and child in the matter of legal rights, counsel, etc.;

- Preparation for petition role and for carrying out court directives (i.e., giving testimony, compiling evidence, working with attorneys);

- Maintaining liaison with court services staff.

II. Case Planning

A. Problem Definition

1. Formulate Problem Statement. On the basis of available facts and professional diagnoses and evaluations (compiled, verified and cross-referenced during the detailed investigation phase), and in terms of established service and treatment models, develop an objective problem statement.

   Ideally, the problem statement will be a synthesis involving the perceptions of all case participants and decision resources.

   a. Identify possible "causes," family and child problems, and other diagnostic results or case circumstances which account for the abuse and/or neglect situation;

   b. Incorporate prior efforts to deal with problem(s);

   c. Specify value system conflicts and professional issues;

   d. Determine limits and environment of case planning (including court action, foster care requirements, etc.);

   e. Identify and account for gaps in information and problem explanations.

2. Coordination of the Case Plan and Community Collaboration. Coordinate problem definition and all subsequent steps with other case participants.

   a. Involve family and child in case planning;

   b. Depending on the case, coordinate case plan with the Court, other community agencies, protective service team, foster care, etc.

B. Setting Objectives

1. Determine short and long range priorities in collaboration with case participants/decision resources:

   a. Distinguish between problems and issues which require immediate resolution and those which can be deferred;

   b. Gauge priorities in terms of agency/staff and community resource capacities.

2. Identify responsibility for achieving objectives:

   a. Indicate who and/or what agency is committed to meeting each objective;

   b. Identify problems that can possibly be managed by the family.

3. Formulate simply-worded statements of case objectives. In order to be realistic and attainable, case objectives must be:

   a. Consistent with policies and available resources (i.e., services and treatment capabilities);

   b. Endorsed by the client-family; and

   c. Specify a single, "measurable" result and a milestone for each statement.

C. Goal Assignment

1. Title XX Social Service regulations mandate assignment of specified goals to each primary client.

2. If a protective services case plan includes objectives that will require Title XX funded services, then eligibility must be determined and a goal must be assigned (i.e., goal #3).

D. Service and Treatment Identification

1. Identify individuals and agencies responsible for achieving each service objective and/or treatment objective.

2. Take into account and document restrictions and potential problems that might obstruct service provision, treatment or any aspect of the case plan.

3. Facilitate the identification of diagnostic/treatment specialists, service agency and workers by means of a Service Delivery Directory (See III/B., below).

E. Eligibility Determination (Decision)

1. Consult Title XX Service Regulations:

   a. Note provisions governing service eligibility and primary client;

   b. Review comprehensive Annual State Social Service Plan, particularly regarding:

      (1) The definition of protective services for children;

      (2) The eligibility requirements for defined Title XX Social Services.

2. Apply Service Eligibility Criteria to Protective Service Case Plans:

   a. Identify eligibility requirements per case objectives and service need.

   b. Eligibility data sources include:

      (1) The client-family;

      (2) AFDC records.

   c. Process required eligibility forms.

F. Draft and Consolidate the Case Plan

1. Coordinate case planning activities and compile problem definition, objectives (service and treatment), service designation into a summary statement.

2. Incorporate the consolidated case plan in the record.

III. Service Arrangement and Provision

A. Determine Arrangement Role and Requirements

1. Determine Case Roles. Assume or assign case responsibilities as an individual provider, client-advocate, CPS worker, case manager, part of a CPS team, etc.

2. Identify and assess agency and community service/treatment opportunities; clarify service roles and regulations pertaining to other protective service resources.

B. Maintain Agency and Community Service Directory

1. Compile initial inventory in accordance with format and content requirements.

2. Update the Directory:

a. Revise Directory contents to reflect changes in community service prospects;

b. Indicate "track record" of service providers.

C. Case Plan Implementation

1. Contact service providers, treatment specialists and others (e.g., protective service team) implicated in the case plan prior to implementation.

2. Negotiate and obtain service agreements:

a. Inter-agency contracts (e.g., purchase of services);

b. Written agreements between designated case manager and family.

3. Meet case plan service and treatment requirements.

4. Carry out legal intervention and/or placement decisions in accordance with the case plan.

D. Recording and Case Continuation. Enter service delivery and related activities, problems, etc. into record.

IV. Overseeing

A. Operationalize the Monitoring-Assessment Cycle

1. Establish criteria and coordinate case overseeing activities:

a. Develop and use monitoring criteria for which case objectives (contained in the consolidated case plan) represent the main reference points;

b. Develop a coordinated (e.g., involving foster care) monitoring schedule consistent with case plans;

c. Coordinate field visits, CPS team conferences, case reviews and other oversight schedules.

2. Sustain relationship to overall case management process:

a. Routine monitoring and assessment activities begin once a case has been established as a result of detailed investigation and diagnosis.

b. Monitoring and assessment activities link together the investigation, planning and service delivery activities (including referrals) of case management.

c. Note Reinforcement Effects. On-site monitoring and worker attentiveness promotes stabilization of change in the home.

B. Coordinated Review of Monitoring Exceptions

1. Revise Case Plans (Decision). The monitoring-assessment cycle represents the case management "trigger" for making case decisions.

2. Contact Other Case Participants. Decision-making requirements for revising the case plan and for case action include:

a. Maintain liaison/interaction with court services, foster care, other agencies, systems, disciplines, etc.;

b. In line with case management standards, assure the involvement of the family and/or child in decision-making.

C. Carry Out Case Action Procedure

1. Reiterate Case Action as defined in I/D.

2. Continue assessment-monitoring cycle.

V. Recording

The placement of recording at the end of the case management process is more for the sake of convenience and emphasis, rather than any other purpose. In fact, the recording routine is a compelling part of every other process requirement.

Maintaining a case record is not a random or casual activity. In keeping with the case management concept, the case record can be a means for organizing decisions and events in a time sequence (i.e., in accordance with process "steps"). Speculations as to what constitutes a "good" vs. inadequate case record aside, there are a number of key record elements to be included:

- Background and identification data;
- Decisions and case actions;
- Measurable and treatable objectives;
- Services (linked to objectives) provided/referrals made;
- Problems and results.

In its simplest formulation, the case record should answer to the question of what happened (to the client-victim/"case") and why. On the way to reaching this standard, there are at least three requirements that must be considered and (if relevant) acted on:

A. Determine Record Requirements

1. Define record elements:

   a. Case management activity can be recorded in accordance with standard requirements (i.e., evaluation, investigation, etc.);

   b. Case plan elements will vary as to service type, agency terminology and other factors.

2. Determine record-keeping requirements and constraints:

   a. Devise a records purge/retention schedule in line with agency policies (including confidentiality requirements) and case management needs;

   b. Establish files, cross-reference requirements and integration needs (i.e., in order to accommodate other agencies/individuals involved in case management processes).

B. Carry Out Process Activities

1. Recording begins at intake and continues throughout the case management process.

2. Recording includes the routine documentation of:

   a. Case management activities and/or problems;

   b. Case plan activities, decisions, progress, problems.

3. Coordinate with other case participants.

C. System Interfaces

1. Social Services Information System (SSIS). Report case data mandated by HEW Social Service Reporting Requirements (SSRR) on applicable clients. Note that:

   a. Case management recording is independent of SSIS reporting;

   b. Specific reporting requirements will vary according to State system design.

2. Central Registries. The case management process interacts with central registry functions in two basic ways:

   a. Updating the central registry data base per requirements (e.g., reporting case identifiers, status and/or action); and

   b. Responding to reports (as part of the intake-evaluation process) received by and disseminated by a central registry.

   Note: The extent to which case management processes can rely on central registry functions/data may be limited by factors of design and practicality. Central registries are not designed, for instance, to "track," chiefly because of the costs of building in this kind of capability. State boundaries pose another obvious "tracking" problem.

   Also, central registry data are typically ambivalent with regard to the definition of current (i.e., [illegible]iated) reports. On this count, [illegible]ng others, their reliability is open to question, notably as to the timeliness and accuracy of data (in fact aggregated from any number of reporting sources).

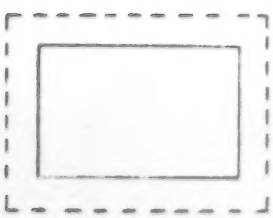
APPENDIX B

CMCPS PROCESS DIAGRAMS

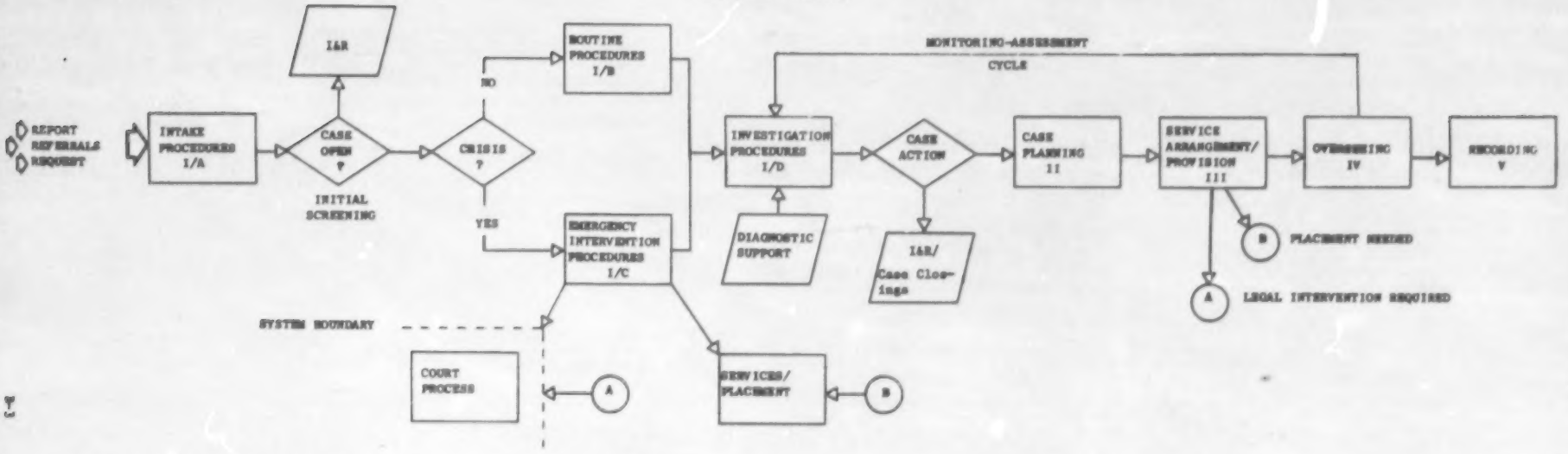
The diagrams are supposed to follow the process outlined in Appendix A. As explained elsewhere in the manual, they can be used to simply illustrate the workings of the CMCPS model, step-by-step, or they can be applied analytically to discover and document existing process options and/or exceptions.

After they have been adapted to prevailing laws and policies, they can be used as teaching aids. Ultimately, they even can become part of an operations guide for CPS workers and supervisors.

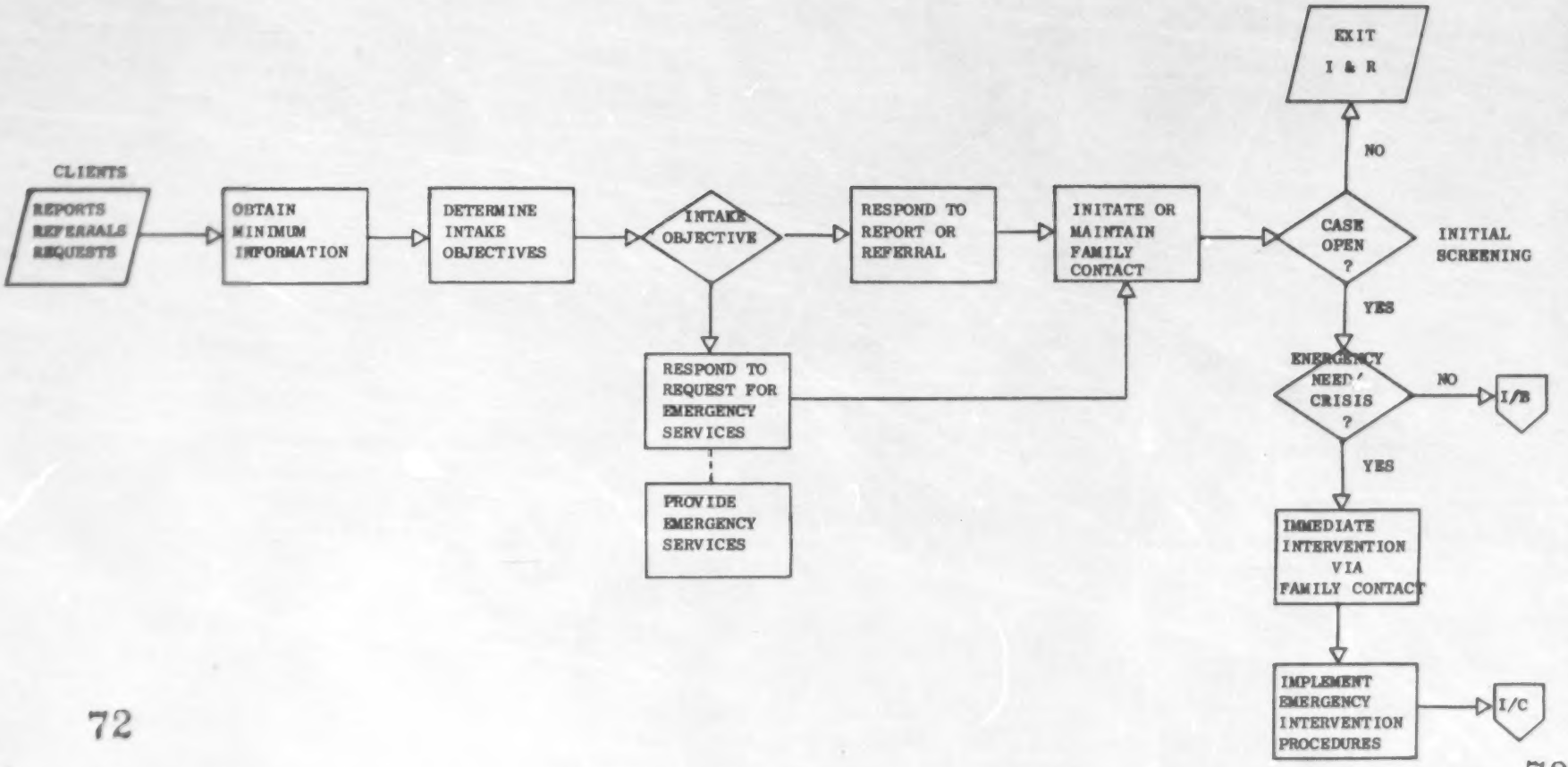
CMCPS PROCESS DIAGRAM SYMBOLS

Symbol	Definition
	Signifies decision and/or issue.
	Represents a procedure, set of tasks and/or activities.
	Indicates major entry, input and exit points in the process.
	Off-page connectors.
	On-page connectors.
	Symbolizes a CPS system process that involves and depends on a program, agency or system that may operate under separate administration or program authority.

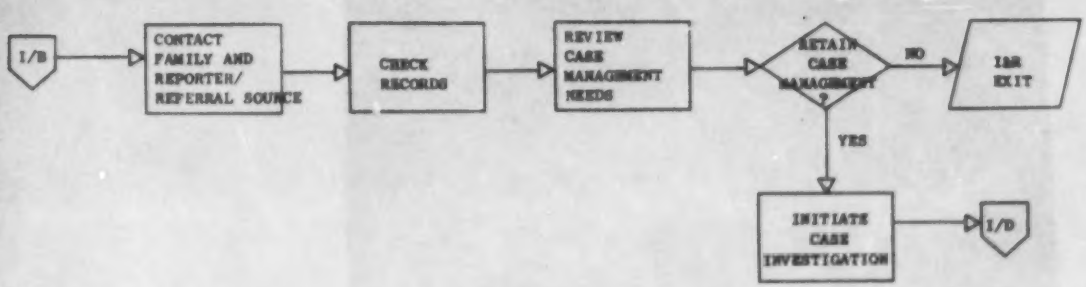
CASE MANAGEMENT FOR PROTECTIVE SERVICES:
GENERAL PROCESS



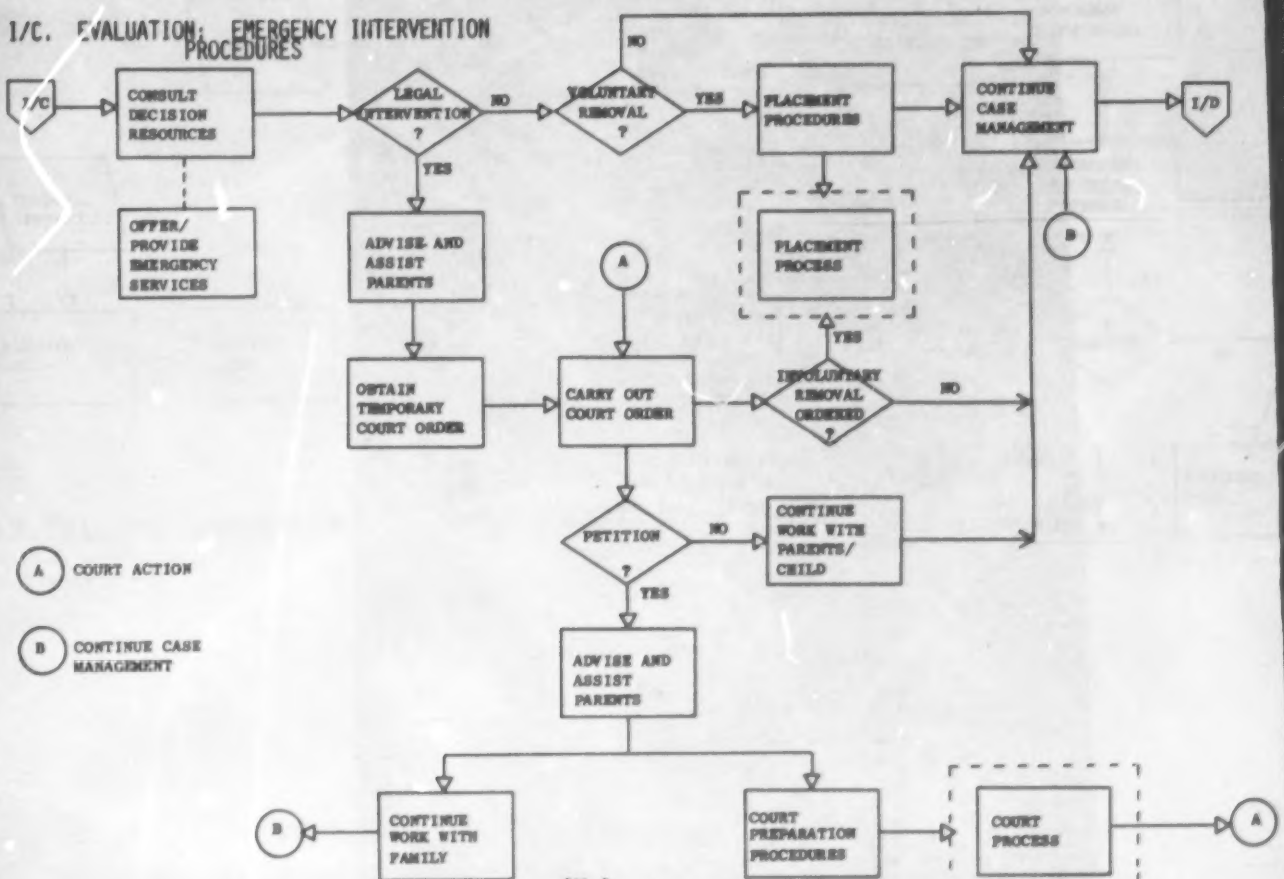
I/A. EVALUATION: INTAKE



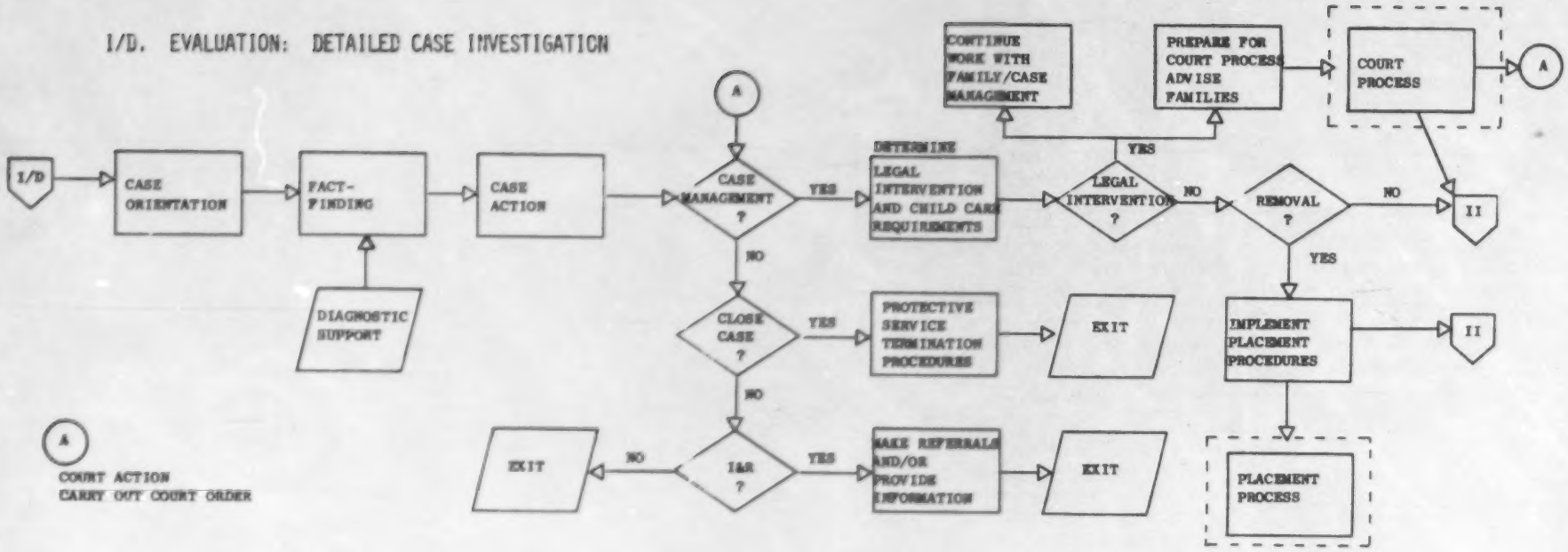
I/B. EVALUATION: ROUTINE CASE DETERMINATION PROCEDURES



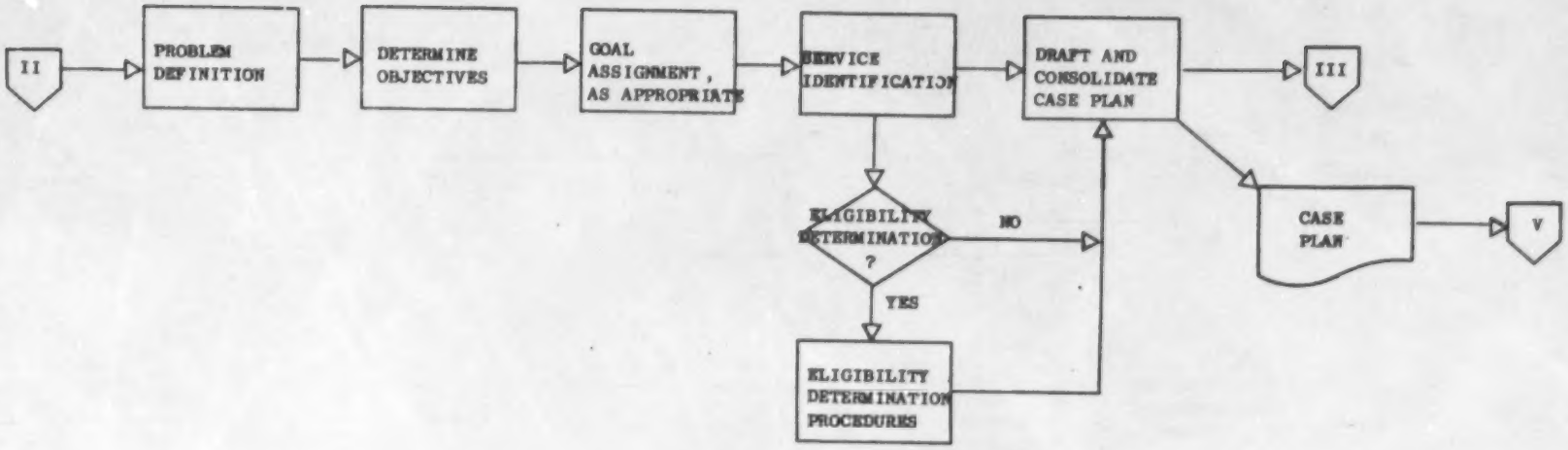
I/C. EVALUATION: EMERGENCY INTERVENTION PROCEDURES



I/D. EVALUATION: DETAILED CASE INVESTIGATION

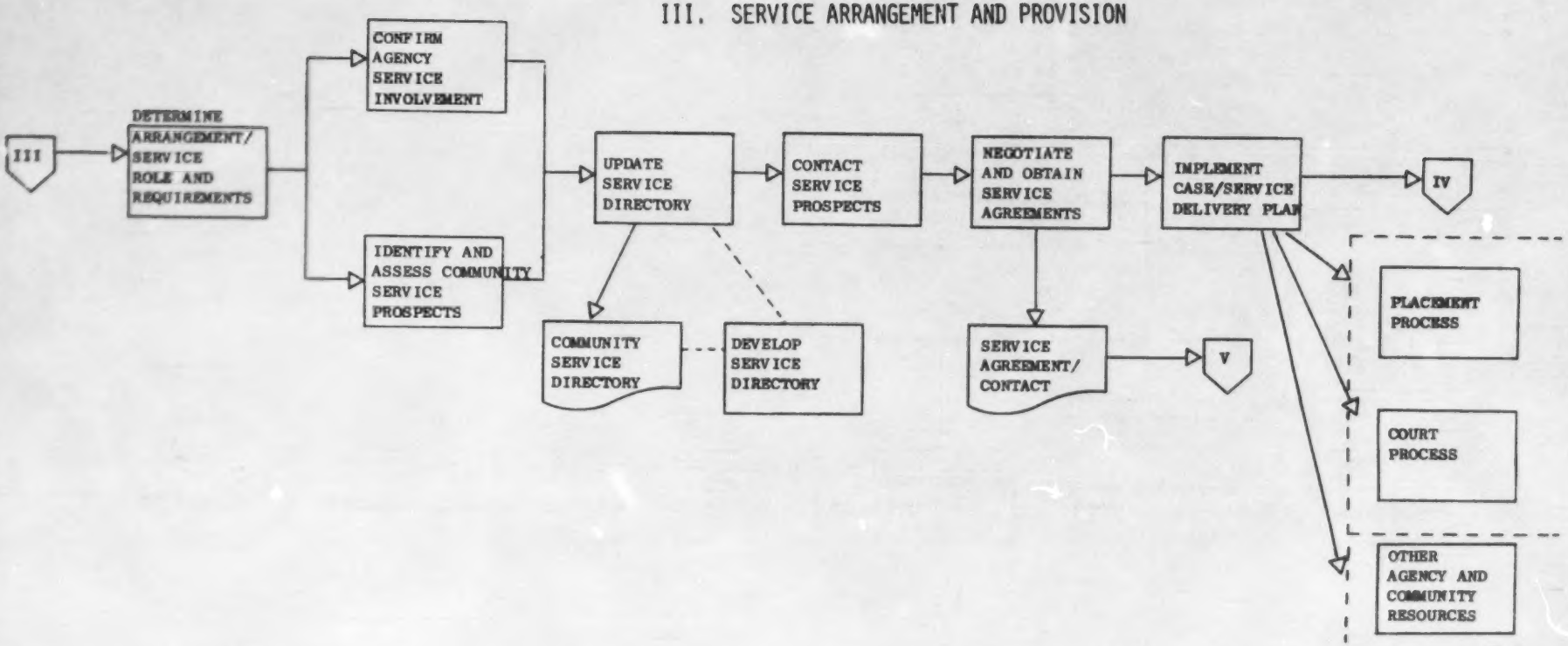


II. CASE PLANNING

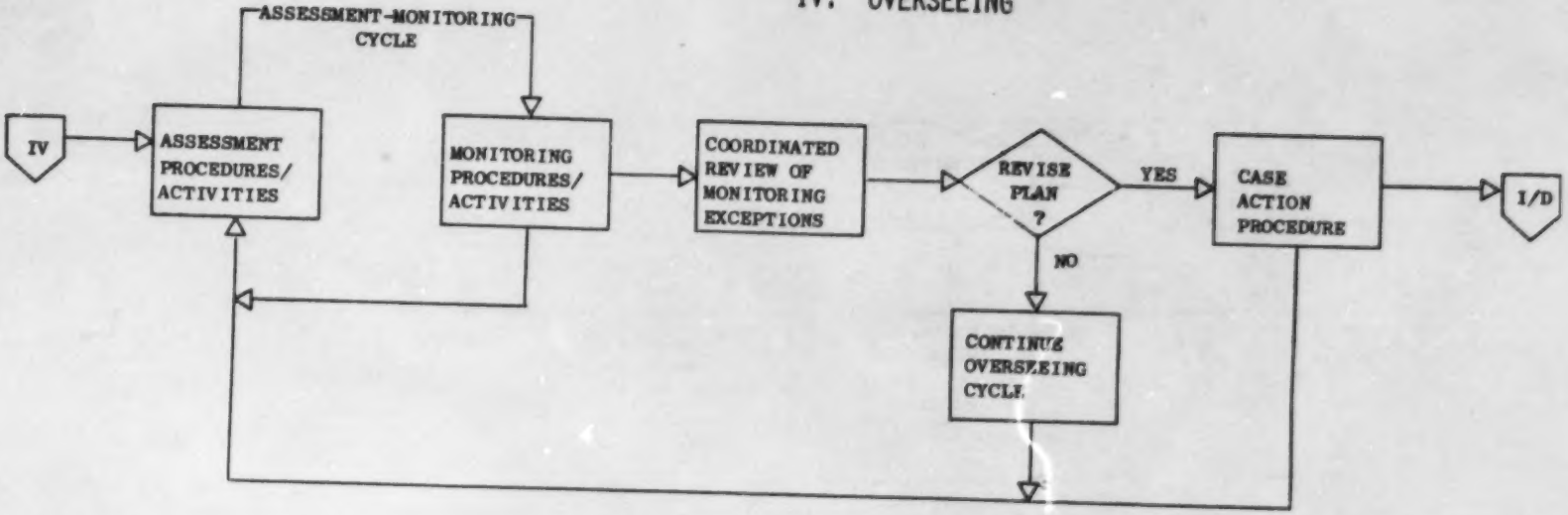


B-7

III. SERVICE ARRANGEMENT AND PROVISION

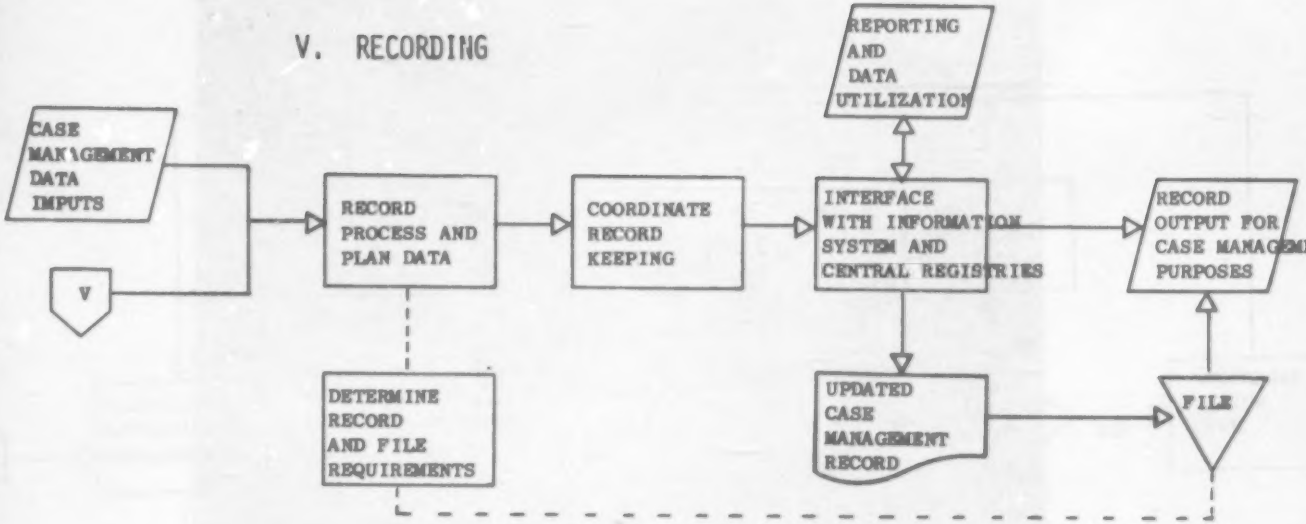


IV. OVERSEEING



B-6

V. RECORDING


REPORTING AND DATA UTILIZATION
CASE MAK\GEMENT DATA IMPUTS
V
RECORD PROCESS AND PLAN DATA
COORDINATE RECORD KEEPING
INTERFACE WITH INFORMATION SYSTEM AND CENTRAL REGISTRIES
RECORD OUTPUT FOR CASE MANAGEMENT PURPOSES
DETERMINE RECORD AND FILE REQUIREMENTS
UPDATED CASE MANAGEMENT RECORD
FILE